

## Position Description

**PD#:** AS110184

**Replaces PD#:**

**Sequence#:** VARIES

### MEDICAL RECORDS TECHNICIAN

**GS-0675-07**

**Installation:** FORT BELVOIR VA

**Major Command:**

VARIES

**Region:** NATIONAL  
CAPITAL

**Citation 1:** OPM PCS MEDICAL, HOSPITAL, DENTAL & PUBLIC HEALTH  
GROUP

**PD Library PD:** NO

**COREDOC PD:** NO

**Classified By:** COL. MALONE, DCA

**Classified Date:** 02/21/2002

**FLSA:** NON-EXEMPT

**Drug Test Required:** VARIES

**DCIPS PD:** NO

**Career Program:** 00

**Financial Disclosure Required:**  
NO

**Acquisition Position:**  
NO

**Functional Code:** 00

**Requires Access to Firearms:**  
VARIES

**Interdisciplinary:** NO

**Competitive Area:**  
VARIES

**Position Sensitivity:** VARIES

**Target Grade/FPL:** 08

**Competitive Level:**  
VARIES

**Emergency Essential:** VARIES

**Career Ladder PD:**  
YES

**Career Pos 1:** [AS110190](#) GS-0675-06

**Career Pos 2:** [AS110182](#) GS-0675-08

**PD Status:** VERIFIED

## **Duties:**

**The duties of this position require no specific leadership training.**

### **MAJOR DUTIES**

As an Apprentice Certified Ambulatory Data Coder, performs a variety of technically complex duties to review and analyze ambulatory medical data, code medical diagnoses and procedures, and provide assistance to the professional staff. The work requires an extensive knowledge of ambulatory coding (as certified by a nationally accredited organization), accreditation references and complex medical terminology, anatomy and physiology in addition to an overall knowledge of DoD and Army medical regulations.

- Codes disease and injury diagnoses, acuity of care, and procedures in a wide range of ambulatory settings and specialties. References used for coding include the current International Classification of Diseases (ICD), Clinical Modification; American Medical Association Current Procedural Terminology (CPT); Health Care Financing Administration Common Procedure Coding System (HCPCS); Physicians' Desk Reference; and DOD unique codes. Selection of the appropriate codes and modifiers requires determining from several possible codes and references the one which most accurately describes the proper primary and subsequent diagnosis when multiple diagnoses are present; and selecting the proper descriptive code when more than one anatomical location is indicated. Insures that coding is performed in a manner which allows input of data into the computer system.

(65%)

- Performs qualitative analysis to ensure accuracy, internal consistency and correlation of recorded data. Determines that diagnostic and procedural terminology used is consistent with currently acceptable medical nomenclature. Contacts appropriate medical staff members to rectify inconsistencies, deficiencies and discrepancies in medical documentation. Assures medical/legal requirements, JCAHO standards and Army regulations are met.

(15%)

- Reviews content of diagnostic and procedural templates in KG-ADS to ensure diagnoses and procedures meet current coding requirements and are an accurate reflection of the scope and practice for each unique specialty. Recommends changes to the templates based on revisions/deletions to ICD, CPT and HCPCS codes, changes in coding practices or nomenclature, and changes in clinic scope of practice. Ensures templates have the most appropriate listing of diagnoses and procedures to reduce the number of write-ins and to ensure high accuracy of the data entered into the Ambulatory Data System database.

(10%)

-.Advises and assists in the education of trainee coders. Educates medical staff on proper documentation practices. (5%)

- Reviews the medical record for continuing quality improvement activities including comparison of KG-ADS data with that entered in the medical record. Performs quality improvement activities in support of institution-wide medical documentation concerns. Performs clinical pertinence review on randomly selected records against specified criteria.

(5%)

- Performs other duties as assigned.

#### FACTOR 1 Knowledge Required by the Position. Level 1-4, 550 points

Knowledge of, and skill in applying, a standardized body of rules, procedures, and operations, such as: Army ambulatory care medical records activities, operations, and regulations; general physiology, major anatomical systems, and related disease processes; laws and regulations related to the confidentiality of medical records and the release of information from medical records; computerized data entry and information system (ADM and CHCS); standard formats, forms, grammar, spelling, capitalization, and punctuation; Ambulatory Data Module (ADM) and CHCS computerized data entry and retrieval systems sufficient to: identify diagnostic, evaluation and management, and procedural information; organize patient charts to search and extract medical data; review records for completeness, accuracy, and compliance with applicable medical facility and accreditation standards; prepare correspondence, reports, and other material; and extract data for statistical and other reports.

#### FACTOR 2 Supervisory Control. Level 2-3, 275 points

How Work Is Assigned – The supervisor makes assignments by defining the overall objectives, priorities, and deadlines; and assists with unusual situations that do not have clear precedents.

Employee Responsibility – The employee independently plans the work, resolves problems, carries out successive steps of assignments, and makes adjustments using accepted standard operating procedures or practices; handles problems and/or deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices in the occupation; and refers new or controversial issues to the supervisor for direction and/or assistance.

How Work Is Reviewed – The supervisor reviews completed work for results achieved; technical soundness; and conformance with applicable regulations, policies, and requirements.

#### FACTOR 3 Guidelines. Level 3-3, 275 points

Guidelines Used – The employee uses guidelines that consist of a variety of technical instructions, technical manuals, medical facility regulations, regulatory requirements, and established procedures to include, but not limited to: DoD and Army manuals and regulations: and ICD-9-CM. CPT and HCPCS Level II code books: and are not

completely applicable to some of the work or have gaps in specificity.

**Judgment Needed** – The employee uses judgment to adapt and interpret guidelines to apply to specific cases or problems; uses discretion and initiative to decide on the appropriate course of action to correct deficiencies and improve the reliability of the information; and may, within the framework established by higher authority, develop approaches to apply to new regulatory requirements, or to adapt to new technology.

**FACTOR 4 Complexity. Level 4-3, 150 points**

**Nature of Assignment** – Work consists of different, varied, and unrelated ambulatory medical record processes and methods, including reviewing the work of other employees to verify compliance with regulatory requirements.

**What Needs To Be Done** – The employee determines the relevance of many facts and conditions such as information contained in the record, legal and regulatory requirements, and other variables; and determines the appropriate action from many alternatives.

**Difficulty and Originality Involved** – The employee identifies and analyzes ambulatory medical records problems and issues and determines their interrelationships and the appropriate methods and techniques needed to resolve them.

**FACTOR 5 Scope and Effect. Level 5-3, 150 points**

**Scope of the Work** – Work involves performing a variety of specialized ambulatory medical records tasks, and resolving problems according to established criteria (e.g., processing ambulatory medical records and data that involve inconsistencies, discrepancies, and other non-routine problems); and developing, maintaining, and monitoring special registries that assist physicians in the care and treatment of patients.

**Effect of the Work** – Work affects the accuracy and reliability of ambulatory medical records, which in turn affect the outcome of research efforts; the outcome of internal and external audits; the quality of information physicians receive on such things as readmission and legal claims; and the quality of patient care rendered.

**FACTORS 6 and 7 Personal Contacts and Purpose of Contacts. Level 2-b, 75 points**

Employees within the medical facility, but outside of the immediate or related work units. Some contacts may be with the general public in moderately structured settings. Such contacts may include representatives from insurance companies, private physicians, other care providers, and individuals from other agencies or organizations seeking information. To initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups who are working towards mutual goals and who have basically cooperative attitudes.

FACTOR 8 Physical Demands. Level 8-1, 5 points

The work is mainly sedentary, but may require walking, bending, standing, and/or carrying of light items such as files and manuals. The work does not require any special physical effort or ability.

FACTOR 9 Work Environment. Level 9-1, 5 points

The work area is usually an adequately lighted, heated, and ventilated office or medical facility setting. The work environment involves everyday risks or discomforts that require normal safety precautions.

TOTAL POINTS: 1,485

(Range of Points: 1355 - 1600 = GS-07).

**Evaluation:**

Not Listed